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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819).)		ROG030.10005
Application Number	10/764,237	Filed January 23, 2004
For ADJUSTABLE HAIR HOLDING DEVICE		
Art Unit	3732	Examiner S. L. Willatt

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 503443. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number _____

attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 33,328

Signature

10-30-2006

John E. Letchford

Typed or printed name

856.354.3013

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Ref: 01/19/2007 CKHLDK 0007273200
Name/Number:10764237
\$510.00 CR

11/01/2006 S5E5E1 00000041 10764237
02 FC:2253 date: 01/19/2007 CKHLDK
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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1/18/07 2 Serial/Patent # 107104237

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	—	1/1/06	\$ 510.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
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<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 510.00	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Treasury Check			
<input checked="" type="checkbox"/>	Credit Deposit A/C #:			
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10 REASON:				
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11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:	<u>Liana Walsh</u>	TITLE:	<u>Pat. Examiner</u>
SIGNATURE:	<u>L Walsh</u>	PHONE:	<u>1-3200</u>
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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